Image# 12951591487 PAGE 1 / 7

| FEC FORM 1 | | STATE | | | | | Offi | ce Use On | ly | |
|--------------------------------------|---------------|--|-------------|--|----------------|------------|------------|------------|-----------|---------------|
| NAME OF COMMITTEE (in | n full) | (Check if n is changed | | Example:If typing, over the lines. | type | 12FE | 4M5 | | | |
| ConocoPh | illips S | PIRIT PAG | | | | | | | | |
| | | | | | | | | | | |
| ADDRESS (number a | and street) | 720 N. Plaza Office | Building | | | | | | | |
| (Check if address is changed) | | Bartlesville | | | | OK | 7400 |)4 | <u> </u> | |
| | | CITY | | | | | | ZIP | CODE | |
| COMMITTEE'S E-MA (Check if is change | address | S (Please provide or cynthia.a.oropeza | - | | | | | | | |
| COMMITTEE'S WEB | B PAGE ADD | RESS (URL) | | | | | | | | |
| (Check if is change | | | | | | | | | | |
| 2. DATE 09 | 5 03 | 2012 | | | | | | | | |
| 3. FEC IDENTIFIC | CATION NUI | MBER | C C001 | 12896 | | | | | | |
| 4. IS THIS STATE | MENT | NEW (N) | OR | × AMENDE | D (A) | | | | | |
| I certify that I have of | examined this | Statement and to | the best of | my knowledge and | l belief it is | s true, co | orrect and | complete | ı. | |
| Type or Print Name | of Treasurer | Sherry L. Gamble | | | | | | | | |
| Signature of Treasure | Sherry L. | Gamble | | [Electronically | Filed] | Date | M M / | 03 | | y y y 2012 |
| NOTE: Submission of | | | | y subject the person SHOULD BE REPO | | | | enalties o | of 2 U.S. | C. §437g. |
| | | | | | | | | | | |

| l U: | ice se nly | | | | For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | FEC FORM 1 (Revised 02/2009) | |
|------|------------------|--|--|--|---|---------------------------------|--|
|------|------------------|--|--|--|---|---------------------------------|--|